

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5601a30

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
8		7		7		
9		8		8		
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19		18		18		
20		19		19		
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45		44		44		
46		45		45		
47		46		46		
48		47		47		
49		48		48		
50		49		49		
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		8	8	8	8	8

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						